

CATAHOULA PARISH SCHOOL BOARD

**Block High School's August 14, 2019
In-Service Training Documents**

EXHIBIT A

Diabetes, Seizures

BHS August 14, 2019 by Brandy Montpelier, RN

Christy Bell

Lucin Bell

Crossidius Sandifer

Leticia Samuel

Salisbury Mount

League Words

Paul Wilson

Charon Stevens

Charley Washington

Maru Lee Johnson

Andreas M. Giese

Charles W. Chase
Thomas Edmonds

Normie Russ

→ $\text{mmol/L} \rightarrow 0.202 \text{ e}$

Edwin Wilson

John McConnae

THOMAS F. SENECA
THOMAS SENECA

2010

2/18/20

Kendall Smith
(Barnes & Noble)

Dennis L. Van
R.

Robert M. M.
Nancy M. M.

Amel Hunt

Hi folks

Sierra Rand
V. B. B.

All current 504 students

D [REDACTED] W [REDACTED] – Type 2 Diabetes, Hypertension
A [REDACTED] T [REDACTED] – Possible sleep disorder
A [REDACTED] H [REDACTED] – Dyslexia
C [REDACTED] B [REDACTED] – ADHD
M [REDACTED] L [REDACTED] – Dyscalcula
A [REDACTED] P [REDACTED] – ADHD (No healthplan)
T [REDACTED] S [REDACTED] – ADHD
G [REDACTED] S [REDACTED] – Dyslexia
N [REDACTED] C [REDACTED] – ADHD (had IAP last year, has not had meeting this year)
A [REDACTED] T [REDACTED] – Aneurysm, headaches, seizure activity, pregnancy
V [REDACTED] T [REDACTED] – (had IAP 17/18, not 18/19)
I [REDACTED] W [REDACTED] – ADHD (no healthplan)
R [REDACTED] C [REDACTED] – Seizures – NO DRIVING!
A [REDACTED] H [REDACTED] – Partial Epilepsy

IEP students with health concerns

J [REDACTED] T [REDACTED] – Downs Syndrome
B [REDACTED] B [REDACTED] – Downs Syndrome, Trach
M [REDACTED] S [REDACTED] – Aspergers (Autism)
J [REDACTED] D [REDACTED] – ADHD
C [REDACTED] W [REDACTED] – Limited vision
M [REDACTED] C [REDACTED] – Cerebral Palsy
K [REDACTED] F [REDACTED] – ADHD, Chest Pain
C [REDACTED] P [REDACTED] – ADHD, Bipolar
J [REDACTED] W [REDACTED] – ADHD
T [REDACTED] W [REDACTED] – ADHD, Oppositional Defiant Disorder
K [REDACTED] C [REDACTED] – Achondroplasia
A [REDACTED] H [REDACTED] – Asthma

Health concern only

E [REDACTED] S [REDACTED] – Anaphylaxis Nuts - IHP
T [REDACTED] E [REDACTED] – Crohn's
L [REDACTED] H [REDACTED] – Meds in office – Headaches – Asthma
S [REDACTED] F [REDACTED] – Meds in office – Inhaler
K [REDACTED] J [REDACTED] – Asthma - IHP
C [REDACTED] A [REDACTED] – Asthma



Catahoula Parish School Board

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RONALD R. LOFTON, SR.,

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JANE MARTIN
SHARON FISHER-STEVENSON

August 14, 2019

Dear Parents,

This letter is to inform you that Block High School is pecan/peanut/nut free and shrimp free school. Some students have severe pecan/peanut/nut allergies and shrimp allergies. Strict avoidance of pecans, peanuts, nuts, nut products, and shrimp is the only way to prevent a life-threatening allergic reaction. We are asking for your assistance in providing the students with a safe learning environment.

Please DO NOT send any pecan, peanut or nut containing products or shrimp for your child to eat for lunch or snack in school.

Any exposure to pecans/peanuts/nuts or shrimp through contact or ingestion, even airborne smell from someone's breath, can cause a severe life-threatening reaction to those who are allergic to them. If your child has eaten peanuts, nuts, or shrimp prior to coming to school, please be sure your child's hands have been thoroughly washed prior to entering the school and they have brushed their teeth.

Please contact me if you have any questions. I am happy to provide you with additional information on food allergies.

Thank you for your assistance in this matter. Best wishes for a happy and healthy school year.

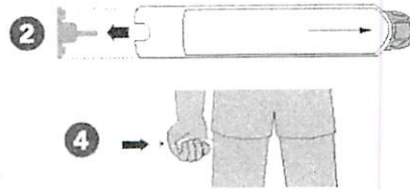
Sincerely,

Brandy Montpelier, RN, BSN
Catahoula Parish School Nurse

"This institution is an equal opportunity provider and employer."

EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.

**ADRENALINE® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



If you are administering EpiPen or EpiPen Jr to a young child, hold the leg firmly in place while administering an injection.



Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.

Swing and push the auto-injector firmly until it 'clicks'. The click signals that the injection has started.



Hold firmly in place for 3 seconds (count slowly 1,2,3). The injection is now complete.



Remove the auto-injector from the thigh. The orange tip will extend to cover the needle. If the needle is still visible, do not attempt to reuse it.



Massage the injection area for 10 seconds.

NEW!

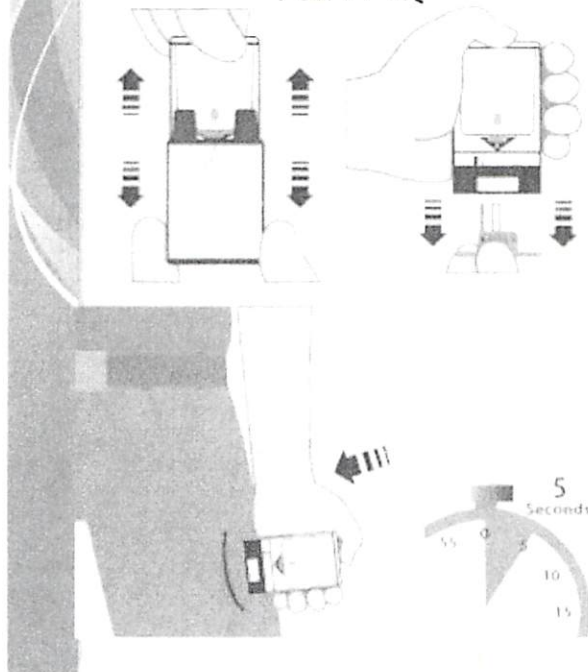
NEW!

More food allergy information:
marketingmama.com
@marketingmama

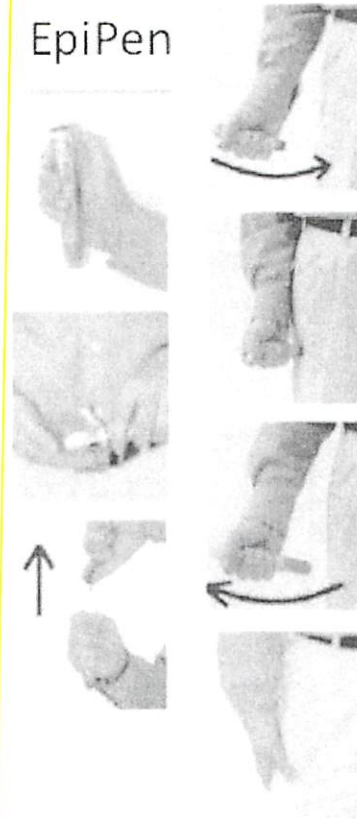
Images and instructions above are from the EpiPen website. The red text and arrows added by Missy to highlight changes. Instructions as of 6/12/16

Patient Education

Auvi-Q



EpiPen



think F.A.S.T...

Face

Itchiness, redness,
swelling of face and
tongue

Airway

Trouble breathing,
swallowing, or speaking

Stomach

Stomach pain,
vomiting,
diarrhea

Total Body

Rash, itchiness, swelling,
weakness, paleness, sense of
doom, loss of consciousness

Asthma Action Plan for School



Feeling Good
Breathing good
Able to Exercise and play

Maintenance Treatment

Routine Inhaler
taken daily

Use routine
inhaler as ordered
by the physician.



Coughing/ short of breath
/ wheezing
Getting sick (cold/flu)
Tightness in chest

Mild Symptoms

Rescue Inhaler
taken at onset of
asthma signs and
symptoms

Document on the
medication log
and notify parent
of inhaler use. If
used more than
once in a day,
notify parent.



Can't talk/ walk well
Breathing hard / fast
Lips / fingernails blue
Medication not working

Worsening Symptoms

Emergency
Treatment
Use Rescue
Inhaler

If these symptoms
are present, call
parent and
ambulance. Keep
student cool and
calm until help
arrives.

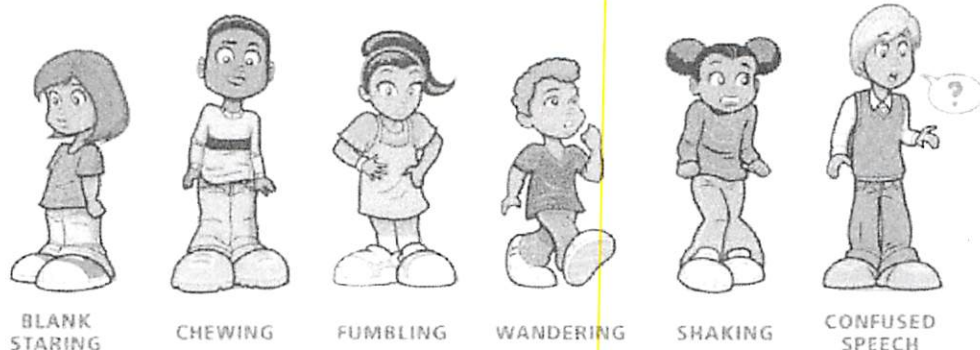
Emergency number: 318-744-5411

Hypoglycemia and Hyperglycemia Protocol/Emergency Plan	
Hypoglycemia (signs of low blood sugar)	Hyperglycemia (signs of high blood sugar)
Irritability or combative Sweating and shaky Fatigue or headache Sudden Hunger Shakiness or nervousness Confusion or poor concentration Drowsiness or dizziness Paleness Inappropriate action	Extreme thirst, hunger or urination Blurry vision Fatigue Behavior changes Inability to concentrate Nausea or vomiting
Treatment for Hypoglycemia	Treatment for Hyperglycemia
1. Follow any MD orders for treatment for student 2. Check blood sugar level with student meter or if no meter but student has symptoms treat for low blood sugar. Contact the school nurse 3. Give 15 grams of fast acting carbohydrate such as: <ul style="list-style-type: none"> •½ can regular soda •4-6 oz. of orange juice •glucose tablets •follow student plan as listed here 4. Stay with student and repeat treatment if necessary after re-checking blood sugar level with meter every 15 min and follow treatment with a snack or lunch as required. 5. Call parent as school nurse after treat low blood sugars 3 times within 45 minutes. 6. If student found unresponsive call 911 and follow orders for individual (glucagon medication or glycol-Gel)	1. Follow student orders and notify parent/guardian 2. Encourage student to drink 8 -16 oz. of water 3. Contact school nurse or trained unlicensed diabetic assistant to retest blood sugar level in 30 min and treat using student's orders as listed above. 4. Test for Ketones if ordered by physician 5. School nurse will contact MD if trained unlicensed diabetic assistant has any question or concerns

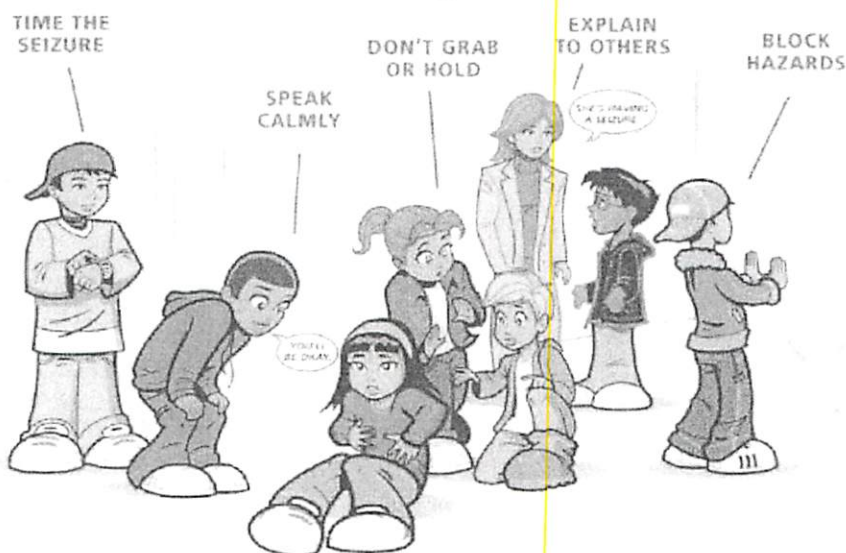
First Aid for Seizures

(Complex partial, psychomotor, temporal lobe)

1. Recognize common symptoms



2. Follow first-aid steps



People who've had this type of seizure should be fully conscious and aware before being left on their own. Make sure they know the date, where they are, and where

they're going next. Confusion may last longer than the seizure itself and may be hazardous. If full awareness does not return, call for medical assistance.

EPILEPSY FOUNDATION®
Not another moment lost to seizures
 1-800-332-1000 • www.epilepsyfoundation.org

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 Rev 2/2010

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Seizure Emergency Care Plan

Student Information		
Student Name:		DOB:
School:	Grade:	Bus:
IF YOU SEE THIS:	DO THIS:	
1. Student having a seizure: Time start: _____ Time stop: _____	<ul style="list-style-type: none"> Ease Child to the floor Note time seizure began Call for assistance Clear area of any objects that could injure child Place flat, soft padding under child's head, if possible Do not restrain child in any way Do not attempt to reach into child's mouth 	
2. Seizure lasting longer than 1 minute:	<ul style="list-style-type: none"> All students will exit the classroom Adult with stay with student Office, 911, and Parent will be called. 	
3. In case of seizure lasting 3 minutes or longer, or in case of injury:	<ul style="list-style-type: none"> If injury has occurred, 911 and parents will be notified. If seizure does not stop within 3 minutes—administer Diastat as ordered by physician If seizure stops before the ambulance arrives, student should be transported to the hospital Send copy of student health information in folder with student to the hospital 	
Parent #1:	Tel#1	Tel#2
Parent #2:	Tel#1	Tel#2
Contact#1:	Tel#1	Tel#2
Parent Signature		Date:
Nurse Signature		Date:

Notes: _____
